

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04902

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil
 City or town Rising Sun
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Cecil
 City or town Rising Sun Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

William Berg Bechtel

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Rhoda Bechtel
 6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1878

8. AGE: Years 69 Months 4 Days 15 It less than one day _____ hrs. _____ min.

9. Birthplace Colora Cecil Co. Md.
 (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business

12. Name George K. Bechtel
 13. Birthplace New Jersey

14. Maiden name Mary B. Bechtel
 15. Birthplace Pottstown Pa.

16. Informant Mrs. Rhoda Bechtel
 Address Rising Sun, Md.

17. Burial Date thereof May 18, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory West Nottingham
 Location near Colora

18. Funeral director J. E. Tyson
 Address Rising Sun, Md.

19. May 6, 1948 Louise M. Nottingham
 (Date signed by Registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1948 at 3:05 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____ DURATION _____

Due to acute coronary disease

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

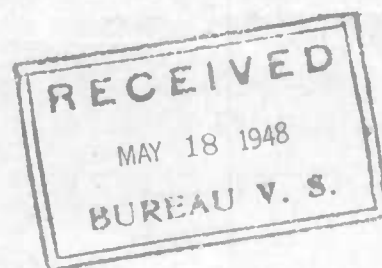
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Alfred Dockson Medical Examiner
Rising Sun, Md. Cecil County
 M. D. or other _____

Address _____ Date signed 5/15-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04903

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil
City or town Port Deposit Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil
City or town Port Deposit Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

David Rue Bryde

3. (b) Social Security Number

4. Sex M. 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1882

8. AGE: Years 65 Months 9 Days 22. If less than one day hrs. min.

9. Birthplace Port Deposit Md.
(Town, county, and state)
none.

10. Usual occupation

11. Industry or business

12. Name Arthur Bryde
13. Birthplace New Orleans, Miss

14. Maiden name Addie Todd
15. Birthplace Perryville Md.

16. Informant Howard Bruckley
Address Rising Sun Md.

17. Burial Date thereof May 14, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory West Nottingham
Location near Coloma.

18. Funeral director J. E. Zason
Address Rising Sun Md.

19. May 14, 1948
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1948 at 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Coronary disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE: R. D. Doughton
M. D. or other
Address Rising Sun Md Date signed 5/13/48

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04904

131a

92

1. PLACE OF DEATH:

County..... Cecil
 City or town..... Elk Mills
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 35 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Cecil
 City or town..... Elk Mills
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Mary A.

3. (b) Social Security Number

None

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widowed
 6. (b) Name of husband or wife..... Wilmer Charshee
 7. Birth date of deceased (mo., day, yr.)..... March 28, 1858
 8. AGE: Years..... 90 Months..... 1 Days..... 7 If less than one day..... hr. min.

9. Birthplace..... Havre de Grace, Harford Co. Md.
 (Town, county, and state)

10. Usual occupation..... None

11. Industry or business

12. Name..... Thomas A. Glover
 13. Birthplace..... Baltimore, Maryland
 14. Maiden name..... Margaret J. Wright
 15. Birthplace..... Dorchester Co., Maryland

16. Informant..... Essie R. Watts
 Address..... Elk Mills, Maryland

17. Burial Date thereof..... May 8th, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Angel Hill
 Location..... Havre de Grace, Maryland

18. Funeral director..... Joseph R. Grant
 Address..... North East, Maryland

19. May 7 1948
 (Date rec'd by registrar) JR Trazon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 5 May 1948 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1947 to 5 May 1948 and that I last saw h. ex. alive on 4 May 1948

Immediate cause of death..... Cerebral Hemorrhage
apoplexy Right side
Arteriosclerosis
 Due to.....
Hypertensive Cardio-
renal disease
 Other conditions..... Senile

DURATION

3 days18 mos +18 mos +

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... George J. Kreis, Jr.
 Address..... Elkton, Ind. Date signed..... 5 May 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04995

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
 City or town Perry Point, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred:

VA Hospital, Perry Point, Md.

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 743 S. Luzerne Ave.
 (If rural, give LOCATION)

2.(a) If veteran, name war WW-I

3. (a) FULL NAME

COLLINS, James

3. (b) Social Security Number

Unknown

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

July 8, 1894

8. AGE:

Years

Months

Days

If less than one day

53

10

15

hrs. min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

Unknown

11. Industry or business

FATHER

12. Name Unknown

MOTHER

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Hospital Records

Address

Removal

Date thereof May 24, 1948
 (month) (day) (year)

17. (Burial, cremation, or removal, Which?)

Cemetery or crematory Oaklawn Cemetery

Location Baltimore, Md.

18. Funeral director

PENNINGTON & SON
 Address Bayre de Grace, Md.

19. May 24 19 48 James E. Dougherty
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 19 48, at 2:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20, 19 48, to May 23, 19 48, and that I last saw him alive on May 23, 19 48.

Immediate cause of death

Uremic poisoning

DURATION

14-16 days

Due to Cardiovascular renal disease

Unknown

Due to

Other conditions 1. Arteriosclerosis, generalized and coronary; 2. Cirrhosis of the liver
 (Include pregnancy within 3 months of death)

Unknown

Major findings of operations

--- Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury --- Injured at work?

23. SIGNATURE

J. E. Troller
A. E. TROLLINGER, M.D., Chief, Professional
 Address VAH, Perry Point, Services Date signed 5-24-48

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MAY 28 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04996

Reg. Dist. No.

1. PLACE OF DEATH:

County CecilCity or town Charlottesville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CecilCity or town Charlottesville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Edna A Cooper

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife

Cecil C Cooper

7. Birth date of deceased (mo., day, yr.)

Sept 2 18006. (c) If alive, give age 48 years

8. AGE:

Years

Months

Days

If less than one day

4781

hrs.

min.

9. Birthplace Principio Furnace Cecil Co Md
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Newton W Anderson

13. Birthplace

Principio Furnace Md

14. Maiden name

Ella Blackburn

15. Birthplace

16. Informant Cecil C Cooper

Address

Charlottesville Md17. Burial Date thereof 5-5-48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory

Principio Methodist

Location

Principio Furnace

18. Funeral director

Jasper A Gair

Address

North East Md19. 5-5- 19 48 Miss B. Martin
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 19 48 at 2:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 1st 1948 to May 3 1948and that I last saw h. a alive on May 19 1948

Immediate cause of death

DURATION

Melanotic Carcinoma 4 mds

Due to

Carcinoma of Breast 18 mds

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. F. Magraw

M. D. or other

Address Perryville MdDate signed 5/3/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 8 1948

BUREAU V. O.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

04907

94

1. PLACE OF DEATH:

County..... Cecil
 City or town..... North East
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... about 50 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Cecil
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Theodore W. Culley

3. (b) Social Security Number

222-10-8016

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Susie C. Culley
 7. Birth date of deceased (mo., day, yr.)..... Sept 22 1870 6.(c) If alive, give age..... 74 years
 8. AGE: Years..... 77 Months..... 7 Days..... 20 It less than one day..... hrs. min.

9. Birthplace..... Lancaster Co. Penna
 (town, county, and state)

10. Usual occupation..... Laborer

11. Industry or business

12. Name..... Robert A. Culley
 13. Birthplace..... Penna

14. Maiden name..... Caroline Poole
 15. Birthplace..... Penna

16. Informant..... Mrs. Susie Culley
 Address..... North East, Md

17. (Burial, cremation, or removal. Which?)..... Burial Date thereof..... May 14 1948
 (month) (day) (year)

Cemetery or crematory..... Methodist Cem -
 Location..... Pleasant Grove, Penna

18. Funeral director..... Joseph R. Groat
 Address..... North East, Md

19. 5-14 19 48 Myrtle B. Martin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 11 May 19 48, at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan 19 48 to 10 May 19 48
 and that I last saw him alive on 10 May 19 48

Immediate cause of death..... Cerebral Hemorrhage

Due to..... Hypertensive Cardiovascular Disease

Due to.....

Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Klaus H. Hunkler M.D.
 Address..... North East, Md Date signed..... 14 May 48
 M. D. or other

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 17 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH:

County Cecil
 City or town Cecil
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Cecil
 City or town Cecil
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Levin J. Davis

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

June 11/1908

6. (c) If alive, give age _____ years

8. AGE:

Years 39 Months 10 Days 20 It less than one day _____ hrs. _____ min.

9. Birthplace

Cecil, Md.

10. Usual occupation

Farmer

11. Industry or business

Lumber W. Davis

12. Name

Mrs. Davis

13. Birthplace

Rider, Luby

14. Maiden name

Mrs. Davis

15. Birthplace

Lambert W. Davis

16. Informant

Cecil, Md.

Address

Burial

17. (Burial, cremation, or removal. Where?)

St. Stevens

Cemetery or crematory

near Cecil, Md.

Location

Edward T. Hallow

18. Funeral director

Millington, Md.

Address

May 3, 1948

(Date rec'd by registrar)

Mrs. Hallow

(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 1st 1948 at 3:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 4, 1948 to May 1st 1948and that I last saw him alive on April 30, 1948

Immediate cause of death

1. myocardial failure2. metabolic insufficiency3. arteriosclerotic heart disease

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Alton R. Crutchfield M.D.Address Millington, Del. Date signed 5/1/48

RECEIVED

MAY 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County..... **CECIL**
 City or town..... **PERRY POINT, MARYLAND**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **2 mos. 24 das.**
 Hospital, institution, or street address where death occurred:
VAH, Perry Point, Md.
 How long in hospital or institution? **Same as above**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... **Maryland** County..... **Allegany**
 City or town..... **Cresaptown**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
WW-II
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Charles W. Dick

3. (b) Social Security Number

4. Sex..... **Male**
 5. Color or race..... **White**
 6.(a) Single, married, widowed, or divorced..... **Divorced**
 6.(b) Name of husband or wife..... **--**
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) **November 17, 1911**
 8. AGE: Years..... **36** Months..... **5** Days..... **17**
 If less than one day..... hrs. min.

9. Birthplace..... **Westernport, Maryland**
 (Town, county, and state)
 10. Usual occupation..... **Truck Driver**
 11. Industry or business.....
 FATHER 12. Name..... **John Randolph Dick**
 13. Birthplace..... **Barton, Maryland**
 MOTHER 14. Maiden name..... **Margaret Laretta Morgan**
 15. Birthplace..... **Westernport, Maryland**

16. Informant..... **Hospital Records**
 Address..... **VAH, Perry Point, Maryland**
 17. **Removal** Date thereof..... **May 5, 1948**
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory..... **Unknown**
 Location..... **Cresaptown, Maryland**
 18. Funeral director..... **Green & Smallwood Street**
 Address..... **Cumberland, Maryland**

19. **May 5** 19 **48** **Irma E. [Signature]**
 (Date registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **May 4th** 19 **48** at **8:25 P.M.**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 10 19 **48** to **May 4th** 19 **48**
 and that I last saw him alive on **May 4th** 19 **48**

Immediate cause of death.....
 DURATION
~~XXXX~~ **Cardiac Failure** **2 mos.**
 Due to..... **Bronchial Asthma** **3 mos.**
 Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results..... **No autopsy**
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... **H. NAGLER, M.D., Act. Chf. Prof. Services**
 Address..... **VAH, Perry Point, Md.** Date signed **5/5/48**

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Elkton
 City or town Elkton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 minutes
 Hospital, institution, or street address where death occurred:
Union Hospital
 How long in hospital or institution? 30 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Del. County Cecil
 City or town Elkton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 211 East Main
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

William D Fowler

3. (b) Social Security Number

216-05-6089

4. Sex M. 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Kathryn Fowler
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) January 21, 1904
 8. AGE: Years 44 Months 3 Days 12 It less than one day _____ hrs. _____ min.

9. Birthplace Chestertown, Md
 (Town, county, and state)
 10. Usual occupation Courier, Penn Co
 11. Industry or business

12. Name Harry Fowler
 13. Birthplace Chestertown, Md
 14. Maiden name Agnes Newcomb
 15. Birthplace Chestertown, Md

16. Informant Mrs Wm D. Fowler
 Address 211 E Main St + Elkton, Md
 17. Burial Date thereof May 6/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Elkton, Md
 Location Elkton, Md

18. Funeral director H W Pippin
 Address Elkton, Md

19. May 5, 1948 J R Frazer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1948 at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____
 and that I last saw him _____ alive on _____ 19____

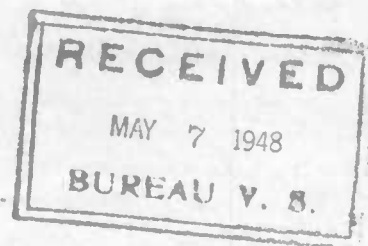
Immediate cause of death Coronary disease
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Injured at work? _____
 M. D. or other Physician
 Address Elkton, Md Date signed 5/3-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0491192

1. PLACE OF DEATH:

County... Cecil
 City or town... Elkton Rd 2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 yrs
 Hospital, institution, or street address where death occurred:
 Union Hospital
 How long in hospital or institution? 2 wks.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Md. County... Cecil
 City or town... Rural near Elkton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... R.D. 2
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Thomas Freeman

3. (b) Social Security Number

4. Sex M. 5. Color or race wh. 6.(a) Single, married, widowed, or divorced Widowed
 8.(b) Name of husband or wife Letha M. Daniel Freeman
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) 7th Unit. 1868
 8. AGE: Years 79 Months Days If less than one day hrs. min.

9. Birthplace... Elkton Md.
 (Town, county, and state)

10. Usual occupation... Laborer

11. Industry or business

12. Name Wesley Freeman

13. Birthplace Elkton Md

14. Maiden name Mary J. Frazier

15. Birthplace Elkton Md

10. Informant Arthur R. Rathwell

Address Elkton R.D. 2 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 7/48 (month) (day) (year)

Cemetery or crematory Silverbrook

Location Wilmington Del

18. Funeral director Rev. Pippin

Address Elkton, Md

19. May 5 1948 F.R. Frazier

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1948 at 7:20 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1948 to May 3 1948 and that I last saw him alive on May 3 1948

Immediate cause of death Coronary Thrombosis

DURATION

2 days

Cue to

Due to

Other conditions Chronic rheumatoid Chronic myocarditis
 (Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

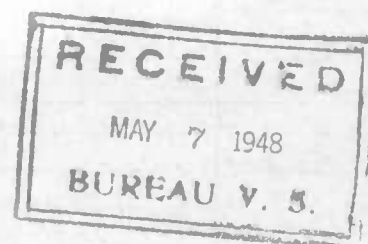
Whom did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Herbert B. B. M.D.

Address Elkton Md Date signed 5/4/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
 City or town Perry Point, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 Month & 18 Days
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
 How long in hospital or institution? 1 Month & 18 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George
 City or town Takoma Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 126 New York Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war WW 1

3. (a) FULL NAME

Graham, Delbert D.

3. (b) Social Security Number

577-18-0334

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Florence F. Graham, Wife
 6. (c) If alive, give age 51 years
 7. Birth date of deceased (mo., day, yr.) June 20, 1894
 8. AGE: Years 54 Months 10 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Tacoma, Washington
 (Town, county, and state)
 10. Usual occupation Carpenter
 11. Industry or business _____
 12. Name Jacob W. Graham
 13. Birthplace Ireland
 14. Maiden name Annie K. Douglas
 15. Birthplace Ireland

16. Informant Hospital Records
 Address VAH, Perry Point, Maryland
 17. removal Date thereof 5-31-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Arlington National Cemetery
Arlington, Virginia
 Location _____
 18. Funeral director J. Arthur Walters
 Address 254 Carroll N.W., Takoma Park, Md.
 19. 5-31-48 48 Ind. E. Long
 (Date rec'd by registrar) (month) (day) (year)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 19 48, at 3:05 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 13, 19 48, to May 31, 19 48
 and that I last saw him alive on May 31, 19 48

Immediate cause of death Hemorrhage, ventricular, right DURATION 9 hrs.

Due to Hypertensive cardio-vascular renal disease 3 yrs ?

Due to _____
 Other conditions Arteriosclerosis generalized, 3 yrs.
bronchial pneumonia. 10 Hrs.
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results Same as above.
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury W. Apple Injured at work?

23. SIGNATURE W. Apple, M.D. M. D. or other
Acting Chief, Professional Services,
 Address VAH, Perry Point, Md. Date signed 5-31-48

RECEIVED

JUN 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County... Cecil
 City or town... Port Deposit
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Cecil
 City or town... Port Deposit
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Alexander Wayman Griffin

3. (b) Social Security Number

215-10-4566

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Eva L. Griffin
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) Nov. 1, 1874
 8. AGE: Years 73 Months 6 Days 4 If less than one day hrs. min.

9. Birthplace Port Deposit, Cecil Co., Md.
 (Town, county, and state)
 10. Usual occupation Blaster
 11. Industry or business Stone Quarry
 12. Name William Griffin
 13. Birthplace Harford Co., Md.
 14. Maiden name Sarah J. Dunmore
 15. Birthplace Cecil Co., Md.

18. Informant Oscar W. Griffin
 Address Port Deposit, Md.

11. Burial (Burial, cremation, or removal. Which?) Date thereof May 8, 1948
 (month) (day) (year)
 Cemetery or crematory Jones Memorial Cem.

Location Port Deposit, Md. Rural
 18. Funeral director Lee A. Patterson & Son
 Address Perryville, Md.

19. May 8, 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1948, 3:03 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20, 1948, to May 4, 1948, and that I last saw him alive on May 4, 1948.
 Immediate cause of death Sclerosis of Liver
 Sclerosis?
 DURATION 6 mos.
 Due to
 Due to
 Other conditions Chr nephritis - 2 yrs
 (Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. H. Benson M.D.

Address Port Deposit Md. Date signed 5/6/48

RECEIVED

MAY 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil
 City or town North East Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 months
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md. County Cecil
 City or town Cecilston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife John Thomas Haley7. Birth date of deceased (mo., day, yr.) May 23 18738. AGE: Years 75 Months 4 Days 4 If less than one day hrs. min.9. Birthplace Kent Co. Md.
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name James Shaw
13. Birthplace Kent Co. Md.14. Maiden name Martha Shelton
15. Birthplace Md.16. Informant Mrs. Martha Haniffel
Address Earlville Md.17. Burial Date thereof May 31 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Dennis
Location Galena Md.18. Funeral director J. E. Tyson
Address Rising Sun Md.19. May 30 1948 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948 at 11:17 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 21 1948 to May 27 1948 and that I last saw him alive on May 25 1948Immediate cause of death Chronic Interstitial Nephritis
Due to
Due to

DURATION

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

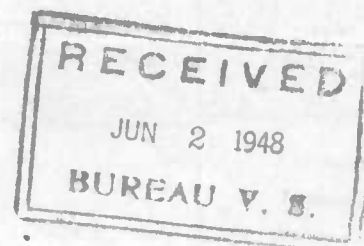
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. E. Dockson M. D. or otherAddress Rising Sun Md. Date signed 5/28-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

04915

92

1. PLACE OF DEATH:

County Cecil
 City or town North East Cecil
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5.0 yrs in North East
 Hospital, institution, or street address where death occurred Union Hosp.
 How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Cecil
 City or town North East md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex 7 5. Color or race W 6.(a) Single, married, widowed, or divorced m

6.(b) Name of husband or wife J. Forrest Harvey
 6.(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) August 1, 1872

8. AGE: Years 75 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Cherry Hill Cecil Co. md
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name William S. Grant

13. Birthplace Maryland

14. Maiden name Mary Ann Gibson

15. Birthplace Maryland

16. Informant J. Forrest Harvey

Address North East, md

17. Burial Date thereof May 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Methodist

Location North East, Maryland

18. Funeral director Joseph P. Grant

Address North East, md

19. May 26 1948 J. P. Trager
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 - 1948 at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1948 to May 22 1948 and that I last saw him alive on May 21 1948

Immediate cause of death Pulmonary edema

Due to Circumstances of fever

Due to Bill clots

Other conditions - ascites

(Include pregnancy within 3 months of death)

Major findings of operations - none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. C. Crutwell M.D.

Address North East, md

Date signed May 23/48

RECEIVED

MAY 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 92

04916

1. PLACE OF DEATH:

County Sevier
 City or town Septon
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 days
 Hospital, institution, or street address where death occurred: Union Hosp.
 How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Cecil
 City or town Harlock - Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

May Lowman Hayes

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Robert E. Hayes
 6.(c) If alive, give age 38 years
 7. Birth date of deceased (mo., day, year) May 1 - 1913
 8. AGE: Years 35 Months 5 Days 1 It less than one day _____ hrs. _____ min.

9. Birthplace Denton - Md
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Robert Lowman
 13. Birthplace Maryland
 14. Maiden name Salie T. Tarbuton
 15. Birthplace Maryland
 16. Informant The deceased

Address _____

17. Burial Date thereof May 5, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Odd Fellows Cemetery
 Location Smymna, Delaware
 18. Funeral director Wells Jarvis
 Address Smymna, Delaware
 19. May 3, 1948 Registrar H. H. Frazer
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 - 1948 at 10.25 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 23 - 1948 to May 2 - 1948
 and that I last saw him alive on May 2 - 1948
 Immediate cause of death Cancer of cervix - bowels & bladder DURATION Unknown
 Due to uterus - having been removed
 Due to _____
 Other conditions _____

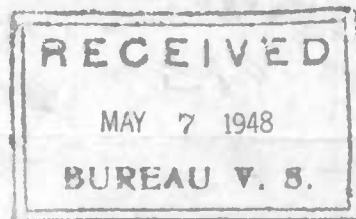
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE J. F. McIngle M.D. M. D. or other _____
 Address Septon - Md Date signed 5/3/48



VS A15



MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct app

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

PLACE OF DEATH:

County... Chesapeake
 City or town... Chesapeake
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 82 years
 Hospital, institution, or street address where death occurred:
at home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Chesapeake
 City or town... Chesapeake City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Harry Hyland Howard

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Lillian W. Howard
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) February 11 - 1866

8. AGE: Years 82 Months 3 Days 9 If less than one day
 hrs. min.

9. Birthplace Cecil Co. Md.
 (Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business Farming

12. Name Lillian W. Howard

13. Birthplace Maryland

14. Maiden name Mary C. Bond

15. Birthplace Cecil Co. Maryland

16. Informant Elmer A. Davis

Address Chesapeake City, Md.

17. Burial Date thereof May 13 - 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethel May 13th 1948

Location Chesapeake City

18. Funeral director Joseph R. Evans

Address North East Md

19. May 11th 1948 John Ralph H. Davis
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1947 to May 11 1948
 and that I last saw him alive on May 11 1948

Immediate cause of death Carcinoma of stomach

Due to 2 years

Due to 2 years

Other conditions stomach

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Henry Davis M.D.

Address Chesapeake City, Md. Date signed 5/12/48

104917

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91

Reg. Dist. No.

2411 N. Charles St., Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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MAY 14 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131 a

04918

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:

County Cecil
 City or town North East, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cecil
 City or town North East
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Katherine S. Letts

3. (b) Social Security Number

220-05-0215

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife Charles H. Letts7. Birth date of deceased (mo., day, yr.) August 23, 18748. AGE: Years 74 Months 9 Days 8 If less than one day _____ hrs. _____ min.9. Birthplace North East Rural Cecil Co Md
(Town, county, and state)10. Usual occupation Business Mgr 2 yrs Retiree11. Industry or business Telephone Co12. Name Chalkley Garrett13. Birthplace Phila Penna14. Maiden name Lydia A McCormick15. Birthplace Phila Penna16. Informant Garrett LettsAddress North East17. Burial Date thereof June 3, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory MethodistLocation North East Maryland18. Funeral director Joseph R. ShawAddress North East Md19. June 3 19 48 Sarah E. Rothermel
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 19 48, at 3 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 45 to May 31 19 48and that I last saw her alive on May 30 19 48Immediate cause of death Cerebral HemorrhageDURATION 3 daysDue to Chronic NephrosesDue to reflexesDURATION 10 years

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. S. Campbell M.D.Address North East Md Date signed June 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1948-~~8~~⁷-17
1874-8-23
74-9-8

RECEIVED
JUN 9 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
City or town Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0 yrs. 7 months 12 days
Hospital, institution, or street address where death occurred:
Veterans Administration Hospital.
How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5019 Eastern Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war VW I

3. (a) FULL NAME

NEGREA, Jacob

3. (b) Social Security Number

Unknown

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife ---
6. (c) If alive, give age --- years
7. Birth date of deceased (mo., day, yr.) Oct. 23, 1894
8. AGE: Years 53 Months 6 Days 22 If less than one day --- hrs. --- min.

9. Birthplace Rumania
(Town, county, and state)
10. Usual occupation None
11. Industry or business ---

FATHER 12. Name Unknown
13. Birthplace Unknown
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Hospital Records
Address VAH, Perry Point, Md.

17. Removal Removal Date thereof May 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Baltimore Natl. Cem.
Location Baltimore, Md.

18. Funeral director JOHN G. DONNELLY
Address 418 Eastern Ave., Essex, Md.

19. May 17 19 48 Irma E. Dougherty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1948 at 11:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 3, 1947 to May 15, 1948
and that I last saw him alive on May 15, 1948

Immediate cause of death Cirrhosis, portal, with acites
DURATION Unknown

Due to ---
Due to ---
Other conditions ---

(Include pregnancy within 8 months of death)

Major findings of operations Peritoneoscopy and biopsy of liver confirmed above
Date of op. 1-14-48

Autopsy results ---
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide --- Date of ---
Where did injury occur? --- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ---
Means of injury --- Injured at work? ---

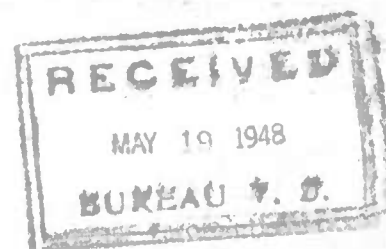
23. SIGNATURE A.E. TROLLINGER
A.E. TROLLINGER, M.D., Chief Professional Services
Address VAH, Perry Point, Md. Date signed May 17, 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
City or town Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 yrs. 10 mos. 14 days
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
How long in hospital or institution? Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State D.C. County _____
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 36 T. Street, N.W.
(If rural, give LOCATION)
2.(a) If veteran, name war VW-1

3. (a) FULL NAME

O'BRIEN, Florence Sylvester

3. (b) Social Security Number

None

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife _____
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Apr. 20, 1894
8. AGE: Years 54 Months 0 Days 22 If less than one day _____ hrs. _____ min.

9. Birthplace LeSuercenter, Minnesota
(Town, county, and state)
10. Usual occupation Unknown
11. Industry or business _____
12. Name Unknown - deceased
13. Birthplace Unknown
14. Maiden name Unknown - deceased
15. Birthplace Unknown

16. Informant Hospital Records
Address _____
17. Removal Date thereof May 13, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Baltimore National Cemetery
Location Baltimore, Maryland
18. Funeral Leonard J. Ruck
Address 5305 Harford Road, Baltimore 14, Md.
19. May 13 19 48 Irene E. Dougherty
(Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 19 48 9:25 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28, 19 33 to May 12, 19 48
and that I last saw him alive on May 12, 19 48
Immediate cause of death Bronchopneumonia, right DURATION 4 days
Due to Atelectasis, left massive 5-6 days
Due to _____
Other conditions Schizophrenia 30 yrs.
(Include pregnancy within 3 months of death).
Major findings of operations None - Normal brain
Leukotomy Date of op. May 6, 1948
Autopsy results Same as above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____
23. SIGNATURE H. Nagler, M.D., Actg. Chief, Professional
VAH, Perry Point, Md. 511848
Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coverage is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04921

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:

County Cecil
 City or town North East
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6.0 yrs
 Hospital, institution, or street address where death occurred:
Cecil ave
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil
 City or town North East
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Cecil ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Lida (Virginia) Owens

3. (b) Social Security Number

none

4. Sex Female 5. Color or race w. 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Geo. W. Owens
 7. Birth date of deceased (mo., day, yr.) Feb 6 1863

8. AGE: Years 85 Months 2 Days 26 If less than one day 7 hrs. 45 min.

9. Birthplace Philadelphia
 (Town, county, and state)

10. Usual occupation Housewife11. Industry or business Housewife12. Name Henry Eppelsheimer13. Birthplace Philadelphia14. Maiden name Caroline Martin15. Birthplace Philadelphia16. Informant Charles Hamilton MartinAddress Cecil ave North East Md17. (Burial, cremation, or removal. Which?) burial Date thereof 5-6-48
 (month) (day) (year)Cemetery or crematory North East Cem.Location North East18. Funeral director Joseph R. ShawAddress North East Md19. 5-6 19 48 Myrtle B. Martin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 May 19 48 at 7:45 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 46 to May 19 48
 and that I last saw h.s. alive on 3 May 19 48

Immediate cause of death Pulmonary Edema
 DURATION 48 hours

Due to Hypertensive Cardiovascular Disease
 DURATION 5 years (?)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

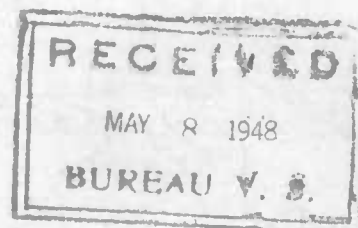
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Klaus H. Thuehner M.D.Address North East, Md Date signed 5 May '48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04922

93d

Reg. Diat. No. 90

1. PLACE OF DEATH:

County CecilCity or town Cashville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Laura E. Pippin

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

May 31 1869

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

78

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date received by registrar)

19.

Mr. H. W. Cheung

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 119. 48at 6:30^{AM}

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June19. 43

to

May 1, 1948

and that I last saw him alive on

May 119. 48

Immediate cause of death

Hypertensive
Cardiovascular

DURATION

5 years

Due to

Acute Dilatation of Heart

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

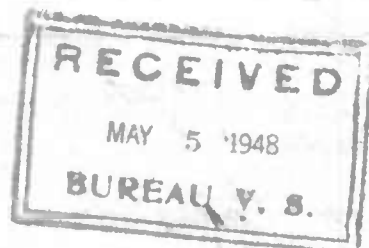
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 5/3/48



RECEIVED

MAY 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

04923

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil
 City or town Elkton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Over nothing
 Hospital, institution, or street address where death occurred:
RD 3
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Cecil
 City or town Elkton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Herbert Atwood Plank.

3. (b) Social Security Number

4. Sex M. 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Edna D Plank.
 6.(c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) June 10 1880
 8. AGE: Years 67 Months 11 Days _____ If less than one day _____ hrs. _____ min.
 9. Birthplace Pennsylvania
 (Town, county, and state)
 10. Usual occupation Carpenter.

11. Industry or business _____
 12. Name Agnes Plank.
 13. Birthplace Penn.
 14. Maiden name Elyabeth Wager
 15. Birthplace Penn.
 16. Informant Mrs Edna D Plank
 Address Elkton RD Md.

17. Burial Date thereof May 13/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Greenlawn Memorial Park
 Location DuPont Blvd near Walnut, Del
 18. Funeral director Wm Pippin
 Address Elkton, Md

19. May 13 19 48 FR Frager
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 10 48 at 1300 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____,

and that I last saw him _____ alive on _____ 19_____,

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6/10-48

Where did injury occur Elkton MD Cecil (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Farm

Means of injury Fell from roof Injured at work? yes

23. SIGNATURE R L Dodson MD Medical Examiner

Address Elkton Md for Cecil County

M. D. or other _____

Date signed 5/12-48

RECEIVED

MAY 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH

County Essex
 City or town Essex
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? one month
 Hospital, institution, or street address where death occurred:
Union Hosp.
one month
 How long in hospital or institution? one month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Essex
 City or town Warrick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Jessie Rhodes

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced S
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 15 1913
 8. AGE: 75 Tears Months Days If less than one day _____ hrs. _____ min.

9. Birthplace unknown
 (Town, county, and state)
 10. Usual occupation _____
 11. Industry or business _____

FATHER
 12. Name Joseph Rhodes
 13. Birthplace unknown
 MOTHER
 14. Maiden name unknown
 15. Birthplace unknown

16. Informant Emmanuel Jenkins
 Address Warrick Maryland

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof May 11 1948
 (month) (day) (year)
 Cemetery or crematory Wales Cemetery
 Location Middletown, Delaware

18. Funeral director Edw. R. Beel
 Address Washington Del.

19. May 11 48 Registrar J. H. Frazer
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1948 at 11.10 a.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 7 - 1948 to May 7 1948 and that I last saw her alive on May 7 1948

Immediate cause of death General arteriosclerosis DURATION unknown

Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE J. A. M. Smith M. D. or other
 Address Essex - Md Date signed May 8-48

RECEIVED

MAY 13 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
 City or town Perry Point
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 yrs. 10 mos. 15 days
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
 How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State West Virginia County Mineral
 City or town Keyser
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 57 Carroll Avenue
 (If rural, give LOCATION)
 2.(a) if veteran, name war WW-I ✓

3. (a) FULL NAME

ROHE, Emerson S.

3. (b) Social Security Number

None

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife --
 7. Birth date of deceased (mo., day, yr.) Feb. 9, 1900 6.(c) If alive, give age -- years
 8. AGE: Years 48 Months 2 Days 23 If less than one day -- hrs. -- min.

9. Birthplace Barnum, W. Va.
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business --
 FATHER 12. Name Frank Rohe - deceased
 13. Birthplace West Virginia
 MOTHER 14. Maiden name Elanor Henline - deceased
 15. Birthplace West Virginia

16. Informant Hospital Records
 Address VA Hospital, Perry Point, Md.

17. Removal Date thereof May 3, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium Unknown
 Location Keyser, West Virginia

18. Funeral director PENNINGTON & SON
 Address Harve de Grace, Maryland

19. May 3 1948 June E. Baughman
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1948 at 1:00 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17, 1932, to May 2, 1948
 and that I last saw him alive on May 2, 1948
 Immediate cause of death Mesenteric thrombosis DURATION approx. 12 hrs.

Due to Arteriosclerosis, generalized Unknown
 Due to --
 Other conditions Tuberculosis, pulmonary,
chronic, active, far advanced Unknown
 (Include pregnancy within 3 months of death)

Major findings of operations --
 Date of op. --

Autopsy results --
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide -- Date of --
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) --
 Means of injury Q- Injured at work? --

23. SIGNATURE H. Nagler
H. NAGLER, M.D., Mactg. Chief D. or other
Professional Services
 Address VAH, Perry Point, Md. Date signed 5-3-48

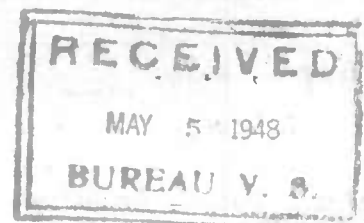
MARGIN RESERVED FOR BINDING

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VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County... Cecil
City or town... Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 months 18 days
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Maryland
How long in hospital or institution? 2 months 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... District Columbia County...
City or town... Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 330 Rhode Island Avenue, N.E.
(If rural, give LOCATION)
2.(a) If veteran, name war... WW-I ✓

3. (a) FULL NAME

SOCKMAN, George F.

3. (b) Social Security Number

Unknown

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Elizabeth Sockman
6.(c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) January 29, 1897
8. AGE: Years 51 Months 4 Days 0 If less than one day
.....hrs.min.

9. Birthplace... Martin's Ferry, Ohio
(Town, county, and state)
10. Usual occupation... Laborer
Steel mills
11. Industry or business
FATHER 12. Name Frank Sockman - deceased
13. Birthplace Martin's Ferry, Ohio
MOTHER 14. Maiden name Unknown - deceased
15. Birthplace Unknown

16. Informant Hospital records
Address VA Hospital, Perry Point, Md.
17. Removal Removal Date thereof 6/2/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Arlington National Cemetery
Ft. Myer, Virginia
Location
18. Funeral director Permanent Rem
Address Havre de Grace, Md.

19. June 2 19 48 J. E. Doughty Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1948 19 at 5:40 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 11, 19 48, to May 29, 19 48
and that I last saw him alive on May 29, 19 48

Immediate cause of death Thrombosis, Coronary,
left DURATION 4-6 hrs.
Due to Coronary Arteriosclerosis Unknown
Due to.....
Other conditions Pulmonary Edema, Massive, Bilateral, Generalized Arteriosclerosis Unknown
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....
Autopsy results Same as above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

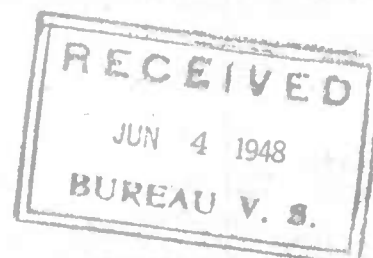
22. VIOLENCE: if death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. J. Miller M.D. acting Chief
of Professional Services
Address VAH, Perry Point, Md. Date signed 6/2/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County.....

City or town.....

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

City or town.....

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

3.(b) Social Security Number

4. Sex.....

5. Color or race.....

6.(a) Single, married, widowed, or divorced.....

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....

8. AGE:.....

Years.....

Months.....

Days.....

It less than one day.....

hrs.....

min.....

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER
MOTHER

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17.....

(Burial, cremation, or removal. Which?).....

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19.....

(Date rec'd by registrar)

19.....

Sarah E. Rothermel
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....

.....19....., 19....., 19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

Address.....

Medical Examiner
for Cecil County
M. D. or other

Date signed.....

1948
75
1875

RECEIVED
JUN 9 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

97

04928

Reg. Diat. No. 92

1. PLACE OF DEATH: County <u>Cecil</u> City or town <u>Elkton</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Lifetime</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>md</u> County <u>Cecil</u> City or town <u>Elkton</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>206 North Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war			
3.(a) FULL NAME <u>Emily (Emma) Thomas.</u>				3.(b) Social Security Number			
4. Sex <u>Female</u>		5. Color or race <u>White</u>		6.(a) Single, married, widowed, or divorced <u>Single</u>			
6.(b) Name of husband or wife				6.(c) If alive, give age _____ years			
7. Birth date of deceased (mo., day, yr.) <u>Sept 5 1849</u>							
8. AGE: Years <u>98</u>		Months <u>8</u>		Days <u>13</u>		If less than one day _____ hrs. _____ min.	
9. Birthplace <u>Elkton Cecil Co. Md</u> (Town, county, and state)							
10. Usual occupation <u>Dress maker</u>							
11. Industry or business							
FATHER	12. Name <u>John E Thomas</u>			13. Birthplace <u>Md</u>			
	14. Maiden name <u>Matilda Jones</u>			15. Birthplace <u>Md</u>			
19. Informant <u>Miss F. Lora Brown</u>							
Address <u>204 North East, Md</u>							
17. <u>Burial</u> Date thereof <u>May 21 - 1948</u> (Burial, cremation, or removal. Which?) (month) (day) (year)							
Cemetery or crematory <u>Presbyterian</u>							
Location <u>Elkton, Maryland</u>							
18. Funeral director <u>Joseph R. Davis</u>							
Address <u>North East Md</u>							
19. <u>May 19 1948</u> <u>J.R. Frazier</u> (Date rec'd by registrar) Registrar							
MEDICAL CERTIFICATION <u>E.D. 1</u>							
20. DATE OF DEATH <u>May 18 1948</u> at <u>9:40 p.m.</u>							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>May 18 1948</u> and that I last saw her alive on <u>May 17 1948</u>							
Immediate cause of death <u>Heart Failure</u>						DURATION	
Due to <u>Generalized Arteriosclerosis</u>							
Due to							
Other conditions							
(Include pregnancy within 3 months of death)							
Major findings of operations							
Autopsy results							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following:							
Accident, suicide, or homicide Date of							
Where did injury occur? (City or town) (County) (State)							
Injured at home, farm, industry, public place (where?)							
Means of injury Injured at work?							
23. SIGNATURE <u>Ch. R. S. Reacher</u> M. D. or other							
Address <u>Elkton, Md</u> Date signed <u>May 18 1948</u>							

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. FULL NAME OF DECEASED

MIDDLE INITIAL

RECEIVED

MAY 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Cecil

City or town..... Elkton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 1 hour

Hospital, institution, or street address where death occurred..... Union Hospital Elkton Md

How long in hospital or institution?..... 1 hour

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D.C. County.....

City or town..... Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. 452 N. St NW.
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (a) FULL NAME

Edward Tobin

3. (b) Social Security Number

4. Sex

M

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

June 3, 1922

8. AGE:

Years

Months

Days

If less than one day

25

hrs.

min.

9. Birthplace.....

Detroit Mich
(Town, county, and state)

10. Usual occupation.....

Salesman

11. Industry or business.....

FATHER

12. Name.....

Edward M. Tobin

13. Birthplace.....

Plymouth Penna

14. Maiden name.....

Mrs. Finner

15. Birthplace.....

Plymouth Penna

16. Informant.....

Richard H. Tobin

Address.....

17.

(Burial, cremation, or removal. Which?)

Date thereof.....

May 8, 1948
(month) (day) (year)

Cemetery or crematory.....

Location.....

District of Columbia

18. Funeral director.....

W. W. Chambers Co.

Address.....

1400 Chapin St N.W.

19.

May 8, 1948

1948

J. H. Frazer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

May 8

1948

at

4156

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....

19.....

to.....

19.....

and that I last saw h.....

alive on.....

19.....

Immediate cause of death.....

Fractured Rt
lower leg. Fractured
left side of pelvis

DURATION

Due to.....

rich internal

Due to.....

hemorrhage

Due to.....

numerous lacerations

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Accident

Date of.....

6/5-48

Where did injury occur?.....

near Elkton Cent Md

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Route 48

Means of injury.....

automobile

Injured at work?.....

no

23. SIGNATURE.....

R. E. Dodson M.D.

Medical Examiner

M. D. or other

Address.....

Maryland

Date signed.....

5/5-48

RECEIVED

MAY 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3.(a) FULL NAME

.....

3.(b) Social Security Number

4. Sex.....
5. Color or race.....
6.(a) Single, married, widowed, or divorced.....

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....
6.(c) If alive, give age..... years

8. AGE: Years..... Months..... Days.....
If less than one day..... hrs..... min.

9. Birthplace.....
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. (Burial, cremation, or removal. Which?)..... Date thereof.....
(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. (Date rec'd by registrar).....
.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 19..... at.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....
and that I last saw him/her alive on.....

Immediate cause of death.....
DURATION.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

Address..... Date signed.....

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 12 1948

BUREAU V. S.